JUL 26 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
~~21940~~
~~21953~~
File No. 21953
Registered No. 11

1. PLACE OF DEATH
County Lawrence
Township Buck Prairie
City Marionville, Mo.
Registration District No. 468
Primary Registration District No. 5629
(No. ..... St. ..... Ward)

2. FULL NAME Laura A. Harlan
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. A. P. Harlan
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 13-1844
7. AGE: Years 84 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer): [redacted]
(c) Name of employer: [redacted]
9. BIRTHPLACE, (CITY OR TOWN) [redacted] Co.
(STATE OR COUNTRY) Ohio
PARENTS
10. NAME OF FATHER: William Bard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Nancy A. Caldwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
14. INFORMANT: O. O. Harlan
(Address) Marionville, Mo.
15. FILED 6-17, 1929 Mrs R. Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1929, to June 14th, 1929 that I last saw her alive on June 9th, 1929, and that death occurred, on the date stated above, at 6:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
97
162 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? [redacted]
DID AN OPERATION PRECEDE DEATH? [redacted] DATE OF
WAS THERE AN AUTOPSY? [redacted]
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) [redacted], M. D
19 (Address) Marionville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Removed to Storm Lake Iowa
DATE OF BURIAL: 6-16 1929
20. UNDERTAKER: Bradfords Funeral Home
ADDRESS: Marionville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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